

DEC 26 1979

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date <u>December 27, 1979</u>		Division of Physical Health Maternal and Child Health Unit Family Planning Program 364-S -- 47 Trinity Avenue, SW. Atlanta, Georgia 30334		Application Number <u>80-210</u>	
Application Number DHR-51				Date Received <u>DEC 28 1979</u>	
				Date Completed <u>JAN - 4 1980</u>	
2. Person to Contact Ms. Andrea Jackson		Working Title Chief, Family Planning Program		Telephone Number 656-4821	
3. Action Requested					
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest <u>3/3/78</u>		Family Planning Program			
Latest <u>to present</u>		Patient Consent for Sterilization Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
<p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>Family Health Services Section - Family Planning Program has the responsibility to prepare the State-wide Family planning plan; compile State-wide Family Planning Statistics; develop contracts with providers of services; approve reimbursement for contract providers; perform on-site monitoring, consultation, and technical assistance to Districts/ Units/ Contract agencies; provide specialized training through training grants to all Family Planning staff; prepare required reports for various Federal/ State Funding agencies; set allocations for and approve plans and budgets for Districts/ Units/ Contract agency programs; process approximately 35,000 visitation forms monthly; and process bills for services provided to Titles XIX and XX patients.</p>					
7. Records Series Description This file contains the following documents (include form numbers and &/as. if any): Attach samples of the file.					
Documents relating to: maintaining records of decision by individuals, State-wide, to be sterilized (Consent to Sterilization Form is signed by the individual).					
Included are: 1 copy of applicable instructions -- United States Department of Health, Education, and Welfare pamphlets: (OS) 79-50061 Information for Women, (OS) 79-50062 Information for Men, and (OS) 79-50063 Spanish Translation; United States Printing Office forms, signed by the patient (Consent Form -- for sterilization) -- 1978 0-278-382 for Women, and 1978-0-281-383 for Men; and a copy of the quarterly summary report for each Health District (Federal form PHS-6044 (Rev.) (1-79):-					
The file is arranged : alphabetically by last name of patient					
8. Monthly Reference Rate One to six months old <u>quarterly</u> ; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____					
9. Annual Rate of Accumulation of Records - estimate Letter-size drawers <u>file folder</u> ; Legal-size drawers _____; Shelves _____; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column.)
X		a. Is this the official copy of the series? If not, where is it? <u>State Family Planning Program</u>
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>88-502.10 Georgia Health Code - confidentiality of patient records</u>
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? <u>in event of legal questions</u>
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>Quarterly Report - Federal form PHS-6044 (Rev.) (1-79)</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>portions in various health clinics where sterilization operation per-</u> <u>(formed.</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of Limitation | _____ years. | e. Administrative need | <u>50</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

- to protect interest of State in
event of legal action

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Consent form
(for sterilization surgery)

DHR Central Family Planning Program

~~District Health Officers-~~

Cut off file quarterly; transfer all original
third (State Agency) copies of the signed Con-
sent Form to DHR Central Family Planning Pro-
gram Office with the Quarterly Report.

(Note: a duplicate copy of the form should
be filed with the patient record).

These instructions apply to all prior and future accumulations of the series.

- Upon receipt of Consent Forms from
- District Health Officers, combine
with other Consent forms and place
in the inactive file alphabetically
by last name of patient; cut off the
inactive file at end of each calendar
year; transfer to State Records Cen-
ter; hold 50 years; then destroy.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Andrew J. Jacks</i>	12-20-79	<i>Elizabeth W. Crank</i>	12/19/79
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	1-7-80
		Secretary of State/Designee	1-2-80
		Attorney General/Designee	1-3-80